

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 800.00		Application Number	10/509,275
		Filing Date	May 25, 2005
		First Named Inventor	Benedikt Brors
		Examiner Name	B. L. Sisson
		Art Unit	1634
		Attorney Docket No.	VOSS-P01-011

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 18-1945		Deposit Account Name: Ropes & Gray LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
31	- 20 = 11	x 25.00 =	275.00	
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
2	- 3 =	x		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00

SUBMITTED BY

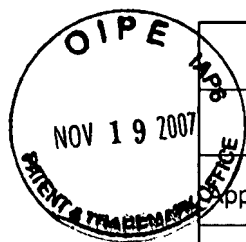
Signature		Registration No. (Attorney/Agent)	44,735	Telephone	(617) 951-7615
Name (Print/Type)	David P. Halstead, J.D., Ph.D.			Date	November 16, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 16, 2007

Signature:

(Mary Jane DiPalma)

**AMENDMENT TRANSMITTAL LETTER**Docket No.
VOSS-P01-011Application No.
10/509,275Filing Date
May 25, 2005Examiner
B. L. SissonArt Unit
1634

Applicant(s): Brors et al.

Invention: METHOD AND SYSTEM FOR DETERMINING ABSOLUTE MRNA QUANTITIES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 20 =	11	x 25.00	275.00
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					525.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					800.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 18-1945 in the amount of \$ 800.00.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-1945
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.David P. Halstead, J.D., Ph.D.
Attorney/Agent Reg. No.: 44,735Dated: November 16, 2007ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110
(617) 951-7615

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(Mary Jane DiPalma)